

Preconception Counseling Checklist

The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client's reproductive goals, a preconception counseling conversation can be introduced with: "Since you said _____, would you like to talk about ways to be prepared for a healthy pregnancy?"¹

 **To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:²**

Pregnancy intention

Timing of desired pregnancy—"Would you like to have (more) children? When do you think that might be?"³

Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.

Folic acid

400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)

Recommend folic acid every day if there is a chance the client may become pregnant.

Medical conditions

Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders

Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.

Family history

Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.

Refer for genetic counseling as needed.

Use of teratogenic medications

ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.

Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy.

Refer to a primary and/or specialty care provider to adjust medications if needed.

NOTES: MMR = measles-mumps-rubella; Tdap = tetanus-diphtheria-acellular pertussis; HPV = human papillomavirus; STI = sexually transmitted infections; CDC = Centers for Disease Control and Prevention.

REFERENCES

¹ Family Planning National Training Center Client-Centered Reproductive Goals & Counseling Flow Chart <https://www.fpntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart>

² Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e78–89.

³ Geist C, Aiken AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, Turok DK. (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions. *Contraception*. 99(1):22–26.

Immunization status

Tdap, MMR, hepatitis B, varicella, annual influenza (flu), and HPV

Provide or refer for: flu shot; MMR and varicella vaccine if not pregnant and won't become pregnant for one month; and other immunizations per CDC schedule.

Need for infectious disease screening

STIs (chlamydia, gonorrhea, syphilis), tuberculosis, hepatitis C, HIV, zika, toxoplasmosis

Address each according to CDC recommendations:

- Screen based on age and risk
- HIV test (once and if at risk)

Counsel regarding travel restrictions.

Caution against changing kitty litter.

Exposure to environmental toxins

Plastics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care)

Explore alternatives to toxic exposure or refer to occupational medicine programs if exposure is concerning.

Alcohol, nicotine, and illegal drug use

"I'd like to ask you a few questions to help give you better medical care. In the past year, how often have you...

- Used alcohol? [≥ 5 drinks a day for men; ≥ 4 drinks a day for women is considered heavy drinking]
- Used tobacco products?
- Used prescription drugs for non-medical reasons?
- Used illegal drugs?"⁴

Counsel that no amount of alcohol is considered safe and that using tobacco products, prescription drugs for non-medical reasons, and illegal drugs during pregnancy can result in serious adverse outcomes.

If abuse or dependence, **refer** for treatment prior to pregnancy.

Intimate partner violence

"I talk to all of my patients about safe and healthy relationships because it can have such a large impact on your health. Has your partner ever...

- Threatened you or made you feel afraid?
- Hit, choked, or physically hurt you?
- Forced you to do something sexually that you did not want to do, or refused your request to use condoms?"⁵

Respond supportively. For example:

- "No one deserves to be treated that way."
- "It's not your fault."
- "There are resources that can help. I can connect you today."

If client is in immediate danger, **get help**.

Know local referral sites for IPV services.

Understand legal obligations for mandatory reporting.

Nutrition and physical activity

- Body mass index (BMI) < 18 or > 25
- Diet of proteins, vegetables, fruits, and whole grains⁶
- Level and frequency of physical activity

Advise that high or low BMI is associated with infertility and pregnancy complications.

Encourage eating a diet rich in fruits, vegetables, protein and whole grains. (Consider a multivitamin.)

Recommend at least 30 min of moderate physical activity per day.

REFERENCES

⁴ NIDA. (2012, March 1). Resource Guide: Screening for Drug Use in General Medical Settings. Retrieved from <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen> on May 9, 2019.

⁵ Intimate partner violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:412–7.

⁶ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 *Dietary Guidelines for Americans*. 8th Edition. December 2015.

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services FPTPA006028-01-00. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.